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AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

VOL. II—No. 12. NEW YORK, SEPTEMBER 17, 1892. TERMS $2.00 A YEAR.

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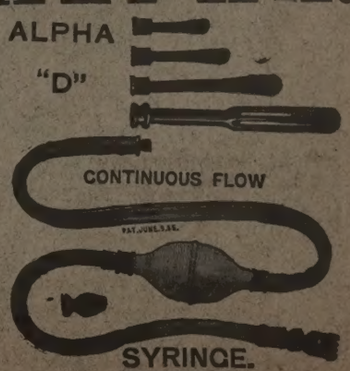

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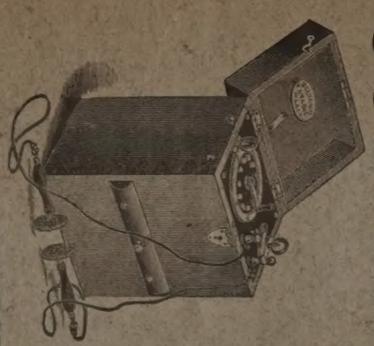

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INTESTINAL DISORDERS.

Dr. Frank Woodbury, professor of clinical medicine in the Medico-Chirurgical College of Philadelphia, contributes an interesting article to the New York *Medical Journal* on "the digestive ferment of the carica papaya in gastro-in testinal disorders." Dr. Woodbury says that the action of papoid as a digestive agent has been thoroughly established. It acts upon albuminoids, converting them ultimately into peptones. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. It has a direct tonic action upon the stomach, stimulating the secretion of the gastric juice. It is distinctly antiseptic in its action, preventing abnormal fermentative processes in the stomach and intestines. It acts at all temperatures, and in either an acid, alkaline or neutral solution. It is freely soluble and is most active when in concentrated form. It has no action on living tissues and is positively innocuous when swallowed in any quantity likely to be administered. Dr. Woodbury placed portions of bread, meat, potatoes, peas, mince-pie, "and other substantials," in a large test-tube and added some papoid and bicarbonate of sodium, with a small amount of water. "The meat rapidly softened, and the other ingredients gradually disintegrated, forming a pultaceous mass." The article concludes with a list of disorders of the digestive organs in which papoid is indicated. A full-page colored lithograph illustrates the test-tube experiment.—*Nat'l Med, Review.*

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COMMINUTED FRACTURE OF THE SHAFT OF THE FEMUR, WITH BEPORT OF A CASE.*

BY F. H. LAY, M.D-,

Consulting Surgeon to St. Luke's Hospital, Denver.

Comminuted fracture of the shaft of the femur presents more than ordinary difficuliy to be overcome, since from the great injury to the bone and surrounding tissues, a perfect reduction of the fracture and fixation of the fragments become almost impossible; and since the liability of non-union in feeble subjects is always an unpleasant possibility.

Many of the gentlemen present remember no doubt the prolonged discussion about ten years ago between the late lamented Dr. Frank H. Hamilton and Dr. L. A. Sayre, the question in dispute being whether a fractured femur properly treated should result in a bone of normal length; Dr. Hamilton contending that under the best of care a slight shortening was in the majority of cases inevitable, there being a molecular absorption of bony tissue at the fractured surfaces.

The committee appointed by the American Surgical Association, in 1890, to report what should be deemed a satisfactory result of treatment of fracture of the shaft of the femur, submitted the following conclusions which were adopted by the Association: "A satisfactory result has been obtained in the treatment of the fracture of the shaft of the femur; (1) when firm bony union exists; (2) when the long axis of the lower fragment is either directly continuous with that of the upper fragment, or the axes are on parallel lines, thus preventing angular deformity; (3) when the anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from the normal position; (4) when the length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls withinthe limits found to exist in 90 per cent. of healthy limbs, namely, from one-eighth of an inch to one inch; (5) when lameness, if present, is not due to more than one inch of shortening; (6) when the conditions attending the treatment prevent other results than those obtained.

In view of the above, a surgeon should not be discouraged to find his femur fractures recover with slight shortening.

However, our aim should always be *perfection* and this can only be accomplished by using the best methods in our treatment.

Last March a case of comminuted fracture of the femur was placed in my care. I found two oblique fractures; one through the upper third just below the trochanter major, the other through the centre of the middle third; the limb being shortened four inches, and the central fragment being very movable.

Having tried various methods in previous cases, and being best pleased with the Hodgen splint, suggested to me by Dr. L. E. Lemen of this city, I conclnded to use the Hodgen for this fracture, and therefore dressed it accordingly; the limb being supported, suspended and strongly *extended* thereby, and also the fragments being further held immovably in position by four padded short splints which aided in preserving the normal antero-posterior curvature of the bone.

Passive motion of the knee and ankle joints was made occasionally after the fourth week, but the splints were worn seven weeks, at the end of which time union in both fractures was firm. The long axis of the lower fragment is in direct line with that of the upper, and by most careful and oft repeated measurements I find no shortening whatever.

This certainly is a test case and proves conclusively to my mind the value of the Hodgen splint; also that the ground assumed by my teacher, Dr. Sayre, that a fractured femur properly treated should be of the same length after as before the injury, is correct.

*Read before the Colorado State Medical Society, June, 1892.

ELECTRICITY AS A THERAPEUTIC MEANS IN THE TREATMENT OF LATERAL SPINAL CURVATURE.

BY HUGH HAGAN, M. D., ATLANTA, GA.

It is not my purpose to discuss at length the subejct of spinal lateral curvature, but to suggest the possible advantages of electrical stimulation as a therapeutic means

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Modern Surgery is now awakening to the fact that in surgery of the future, digestive ferments will play an important part, as now in many cases pepsin has successfully displaced the knife in the removal of blood coagula, sloughs, carious bone, etc., and is valuable as a wash for ulcers wounds, etc., from which it efectually removes all pus and unhealthy tissues.

Pepsin has long been considered valuable as a solvent of diphtheretic membrane and catarrhal muccs, and its manifold uses in surgery can at present be only a matter of conjecture.

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in the treatment of spinal curvature.

This condition is among the very frequent deformities of the present age, and to find out the best and quickest means to remedy the deformity should be our aim. It behooves us to try all means that promise any favorable result, and not to condemn or refuse to try a suggestion until the suggestion proves futile.

After a thorough study of the methods taught and practised, I have failed to find mention of electricity applied to this especial cordition. Authors good and poor of recent times all quite agree as to the etiology, pathology and treatment of this condition. My remarks will be confined to the treatment only, as the etiology and pathology are accepted conditions, and possible progress alone remains to treatment.

Without exception, authorities recommend general tonics, physical exercise, particularly for the weakened muscles, braces, plaster corsets, prolonged dorsal decubitus, sleeping on the side, with some such object as a pillow interposed, the slanting stool, shorter hours at school, no strain on affected side, etc., while the stimulating and de[illegible] power of electricity are quite ignored. Even Dr. Lewis A. Sayre, of New York, our most eminent orthopedic surgeon, always practical and original—though practising all other methods—fails to mention the good effects and legitimate demands of faradic electricity. Though great and glorious results have resulted from the use of the plaster of Paris corset, gymnastic exercises and tonics, yet I think had electricity been tried the results would have been achieved in much less time and with far less discomfort. I have suggested the use of electricity to one or two of my friends as a means to be used in this condition, but they failed to apply it, and it was left to me so to do. I doubted not the correctness of my idea, for the general use of the fluid in cases of atrophies, as atony of other muscles, was of daily occurrence and obvious advantage. I would have applied it sooner, but as my special work in medicine, the diseases of the mind and nervous system, kept me from seeing as many cases as I possibly otherwise would have seen, I did not have an opportunity until four months ago.

The patient on whom it was tried was a young girl, Miss M. L., age 16, dark brunette, tall, very thin, with extremely small chest, weak heart action, and presenting a picture of chlorosis quite marked. She was brought to me on account of the frequency of her headaches, restlessness, listlessness, insomnia, irregular menstruation and general nervousness. She was obstinately constipated, and, as her mother (step-mother) expressed it, "had a crooked back."

The deformity was caused by a very marked lateral curvature. The curvature was of a right dorsal type, with compensating cervical and lumbar curves. The right shoulder was much lower than the left, the inferior angle of the right scapula one inch lower than the left, the shoulder very prominent, the dorsal spinal process 1¼ inches out from a perpendicular, dropped from the occipital protuberance, with the cervical and lumbar curvatures almost as decided.

I began her treatment with aloin, strchnine and belladonna pills, cod liver oil, shorter hours at school, exercises to develop all weakened muscles, and faradization. The electrical treatment consisted of general and special stimulation of each and every muscle in neck and back. The current was strong enough to produce a decided contraction, and the sittings about twenty minutes daily.

The improvement was noticeable in six weeks, and at the end of four months the patient was discharged, she having gained in weight, strength and general good health, and the spinal deformity reduced to a minimum. The inferior angles of the scapulæ were on a line, the cervical and lumbar curves connected and, save a permanent deviation hardly to be measured in the upper dorsal region, the spinal processes in a line. The erectores spinæ were well redeveloped and equally prominent on both sides.

Now it may be said that the exercise, tonics, short hours at school, good hygiene und dietetics did their share of the work, which I am ready and willing to acknowledge, while the faradization was only placeboic, yet I claim that without plaster corset, braces or other like appliances, a well marked case of spinal curvature was cured in four months, while twelve, eighteen and more months are occupied with the old methods.

I hope this suggestion as to the further advantages of electricity as applied, may induce others to try it, and I doubt not but all satisfaction will be received, for I see no reason why an erector spinæ, an intercostal, as well as any other muscle, weakened by disease, disuse, overstrain, etc., may not be permanently benefited by electrical stimulation.—*Atlanta Med. and Surg. Jour.*

CALCAREOUS CONCRETIONS IN THE TONSILS.

EXTRACTS FROM A CLINICAL LECTURE AT THE THROAT CLINIC, MEDICAL COLLEGE OF OHIO.

BY JAMES G. HYNDMAN, M.D.

The appearance at our clinic of several of these comparatively uncommon cases within a few days, calls for some brief remarks upon the frequency and nature of this manifestation of tonsillar disease.

Both of these patients, one a man of thirty, the other a woman of twenty years of age, present all the external appearances of ordinary health. In neither do we find any history or evidence of constitutional disease. Neither one has been deterred, even by the present illness, from attending to his or her usual avocation. Both complain of the sensation of a foreign body in the vicinity of the fauces, and of a consequent discomfort, amounting at times to pain, in swallowing, Both have observed these symptoms for some weeks, but the nutrition of neither has suffered.

Upon inspection of the throat of the man, a law student, we observed that both tonsils are somewhat, though not excessively enlarged, and are studded with white, chalky-looking bodies. Some of these seem about the size of a pin-head and on a level with the surface of the tonsil, while others project beyond into the oral cavity. None of these projections appear thicker than a good-sized darning needle. Touching them with the finger, or the probe, proves their calcareous nature. The young lady's throat presents an almost identical picture, except that only one tonsil is thus affected.

Being exceedingly thin, they can be easily removed by traction with forceps, and some of them prove to be a half inch or more in length. A few break off, and further attempts at removal must be deferred for a few days.

These calculi originate in the crypts of the tonsils, and as the deposits increase, the crypts become excessively dilated. Bosworth reports one case in which the mass was one and one-eighth inches long, three-fourths of an inch wide and one-half inch thick. This must, however, have been unusually large, as other writers and clinicians report them much smaller. Analyses show them to consist chiefly of phosphate and carbonate of lime in varying proportions.

The two cases just presented are not unusual in their paucity of symptoms. The chief complaints are those usual to cases of enlarged tonsils, such as the history of frequent attacks of sore throat and some slight dysphagia. This latter symptom is almost constant, but never severe, unless acute inflammation supervenes.

But one line of action—removal—is open to us in these cases. As in the patient just presented a pair of forceps will enable us readily to remove them. When the bulk of the concretion is deep in the crypt, the orifice may require to be enlarged by a slight incision. If no acute inflammation be present, it is advisable, if the tonsil be at all enlarged, to follow the removal of the foreign body by the use of the tonsillotome.

Concretions of this character occur almost invariably in patients who have suffered from repeated attacks of follicular inflammation of the tonsils, and are generally due, as pointed out by Wagner, to the presence of a foreign body. This foreign body is the cheesy matter in the tonsillar crypts. Its presence causes disturbance of nutrition, and subsequent deposit about this cheesy matter of the lime salts from the blood. When these calcareous formations occur in secretory glands, these secretions "first become cloudy, like lime water, more consistent, later, thick, like mortar, and are finally converted into chalky, stone-like masses." Their shapes at first depend upon the forms of the cavities enclosing them, subsequently upon the degree of pressure to which they are subjected.

If we study more minutely the character of this change, we will find the investigation quite interesting. In such cases as ours, the calcareous deposit does not depend upon any change in the composition of the blood, but it is entirely local and due to changes in the surrounding tissues. There is diminution in the amount of blood supplied to these parts, and the resultant stagnation terminates, according to Rindfleisch, in an escape of the free carbonic acid holding the salts in solution. Precipitation of these salts follows as a natural sequence.

Notwithstanding the fact that tonsils, which have suffered repeated attacks of follicular disease, present such favorable conditions for the development of these concretions, they are comparatively infrequent in this location. The probable reason for this is very plausibly given by Bosworth, in the statement that, owing to the constant pressure to which they are subjected, cheesy matter accumulated in the dilated lacunæ is thrown out at such frequent intervals that it does not ordinarily re-

main a sufficiently long time to permit of calcareous deposits being formed. A much more frequent consequence of this chronic lacunar inflammation is the decomposition of a portion of the retained products, and this decomposition, setting free butyric and other fetid gases, imparts an almost constant foul odor to the breath.—*Ohio Med. Jour.*

A CASE OF IMPERFORATE HYMEN IN A CHILD.*

BY ELIZA J. CHAPIN MINARD, M. D., BROOKLYN.

Anna M., aged four years, American, was brought to my clinic by he mother, who stated that there was something wrong with her little girl and wished an examination.

The child was a well-nourished, fat blonde, with a happy, childish face, and had no appearance of invalidism upon inspection. The mother said that she had discovered while bathing it and powdering it for chaffing, that there was "no front entrance" like her other baby girls', and she had taken a friend's advice and sought medical aid.

An examination of the genital organs, which were well formed, showed a complete closure of the vaginal entrance, and that this closure was due to a totally imperforate hymen.

The membrane was slit from before backward, after due aseptic measures, a dressing of iodoform cotton and a T-bandage were applied, and upon the third day the part was healed. There were remnants of the hymen upon the sides of the vaginal opening, and there was a healthy vagina which admitted a Peaslee sound of medium size.

* Read before the Fifth District Branch of the New York State Medical Association, May 24, 1892.

ADDISON'S DISEASE WITHOUT SUPRARENAL CAPSULAR LESION.

Dr. M Raymod has had under care a 27-year-old woman, who had the first symptoms of Addison's disease early in Jan., 1891 (*Prog. Med.*, Mch. 19, 1892). She died in May, 1891. The supra-renal capsules on autopsy were found healthy. The right semi-lunar ganglion was sclerotic, the nerve-cells were pigmented, vacuolized and thinned; some of them were atrophied. The cord was healthy. In Raymond's opinion this case is additional evidence in favor of the belief that Addison's disease is a neurosis.

THE DECADENCE OF ANTISEPTICS.

We believe, from what can be gathered from the latest literature on the subject, that antiseptic surgery, as taught and practised as recently as five years ago, is now something of the past.

When Lister introduced the spray, and argued with great force the importance of purifying the atmosphere of the operating room, and seeking out the stray germs lodged in sundry recesses of one's apparel or surroundings, Lawson Tait, with stinging sarcasm, recommended that the nozzle of the apparatus would do the most good when pointed out through the window. The spray went.

Reports commenced to come in that antiseptics must be eschewed in the surgery of the peritoneum. It was discovered that traumatisms penetrating the skull and involving the brain, when treated antiseptically, were attended with a terrible mortality through a consecutive, irritative meningitis. Antiseptic irrigation of the pleura in empyema, is no longer employed by the French surgeons.

Bichloride solutions, when used in amputations, though they favor prompt union, are said to cause very often painful, useless stumps, through an insidious osteo-myelitis which they excite in the cellular elements of the cancellous bone substance.

Antiseptics—or, rather, chemical solutions—were practically condemned by the American Surgical Convention of 1891. Prof. Chiene, a townsman of Lister, sounded the death-knell of antiseptics in Great Britain when he announced and demonstrated that chemical solutions of any description were foreign substances, irritants, and had no place in healthy tissues

This, indeed, is a sad commentary on what was taught but yesterday as a cardinal doctrine.

Morrell Mackenzie narrowly escaped imprisonment at the hands of his unfriendly German confrères because he did not boil or pickle his spatula every time he used it on the Prince's tongue.

Although the above must be a humiliation to those who pin their faith absolutely to scientific medicine, it will teach a useful lesson to many who are too strongly inclined to dogmatize.—*Times and Register.*

"Say, Josh, what makes yer mustache grow so long?"

Josh—Oh, I shook some hair tonic on a sandwich instead of Worcester sauce.

HERNIA, OPERABLE AND INOPERABLE.

Dr. Thos. H. Manley, in a paper on this subject, submitted at the late meeting of the American Medical Association, concluded as follows: Although, during the past fifteen or twenty years, very much has been written on hernial operations; much in America, but more in Europe, so far as can be learned from current literature, no one has yet made an attempt in a methodical manner, in any brochure or treatise published, to systematically describe and classify those herniæ which are operable and those which are not, For the purpose, of at least in part, filling in this void, this essay is offered.

In epitomizing the subject and considering the question of treatment of hernia, in a general way it may be said with something approaching definite certainty:

1. That, inasmuch as no operative technique yet devised, or ever can be, will always effectually remove the causes of any species of hernia; in consequence of this a permanent, enduring cure is quite out of the question, in certain cases.

2. The radical cure of hernia may be regarded as one of the most satisfactory operations in general surgery. The fact that the disease often relapses constitutes no valid objection against surgical intervention; for this is commonly the case in the major part of operations performed on the human body.

3. A radical operation for a non-strangulated hernia, which gives no serious inconvenience, is not a justifiable procedure and should not be encouraged, unless there are pressing reasons for it; as the presence of a neoplastic formation in the sac, or this latter is occupied by an ovary, or some other viscus.

4. Hernial operations should not be performed in extremes of age. In early life there is seldom pressing necessity for them. In very advanced age the risk, immediate or remote to life, involved by operation, more than compensates for the prospective benefit.

5. Unless there are specially contra-indicating factors in given cases, inguinal hernia should always be treated by radical operation in women, which, with them is so often attended by a permanent cure.

6. As a rule, all operations on reducible or incarcerated hernia are radically curative, though the disease commonly relapses; nevertheless, the immediate danger of strangulation has been removed and the hernia has been placed in a position to be more comfortably borne by a truss.

7. Every operation for strangulated vaginal or femoral hernia should always include such additional steps as will effect thereafter an obliteration of the canal without undue pressure on the tubular structures passing through it.

8. Very large, old hernia, in any of the abdominal regions are not operable, except in the event of strangulation, as their sudden return is often attended with mortal consequences.—*Brooklyn Med. Jour*

SPONTANEOUS CURE OF A SEVERE ABDOMINAL WOUND.

"Dr. Schildt mentions in *Duodecim*, a Finnish medical journal, a case, showing that, occasionally at least, a large wound into a serous cavity which looks hopeless enough may heal without treatment. He was called some years ago to a poor man supported by charity, who, in consequence of inflammation of the groin, had a large gaping wound of the abdominal wall, through which some six inches of the small intestine protruded, all covered with blood, added to which there was a discharge of fœtid matter. The man was sent to the hospital, where, however, he could not be admitted, as all the beds were full. He was therefore taken home again, and received no treatment whatever. Nevertheless, Dr. Schildt a short time ago happened to see him alive and well, the wound having healed spontaneously."—*Lancet.*

SPUTUM AS A DIAGNOSTIC SIGN.

In phthisis we have nummular sputum; looks like coin, which floats in a clear liquid.

In measles we have nummular sputum, which floats in an opaque liquid.

In bronchiectasis there is stinking sputum; also in fibroid phthisis we have stinking sputum.

In cancer of the lung we have sputum that looks like currant jelly.

In pneumonia we have rusty colored sputum.

In edema of the lung the expectoration is serous.

Where we have pneumonia terminating in gangrene of the lungs, the sputum is exceedingly fetid; greenish or brownish.

The sputum of chronic bronchitis, when associated with disease of the heart, looks like the white of egg mixed with water, and may amount to a quarter or half gallon in twenty-four hours.

The sputum of chronic bronchitis, when not complicated, is large, broad and irregular, and is greenish or yellowish.—*Dr. Morris, Times and Register.*

OBITUARY.

The sudden death of Dr. Samuel J. Brady, a prominent physician and surgeon in the Eastern District of Brooklyn, was announced September 9th. He was taken suddenly ill the previous evening at Canarsie and died before reaching his home, 156 South Eighth street. He was fifty years old.

MARRIAGES.

Married at Brooklyn, N. Y., on September 12, by the Rev. Alfred H. Moment, D.D., Archibald E. Malloch, M.D., to Alice Barbara MacNab, both of Hamilton, Canada.

PERSONALS.

Dr. J. M. Bosworth, of Atlanta, Ga., is at Anderson, S. C.

Dr. C. D. Hurt, of Columbus, Ga., expects to move to Atlanta, Ga., about October 1.

Dr. F. F. Dickman, having resigned the editorship of the Kansas Medical Catalogue, is succeeded by Dr. B. F. Helper, of Fort Scott, Kas.

Dr. John C. Sundberg has severed his connection with the Pacific *Medical Journal*. His co-editor, Dr. Winslow Anderson, will act as sole editor in the future.

NEWS AND MISCELLANY.

The British Medical Association will hold its next annual meeting (1893) at Newcastle-on-Tyne.

The tweuty-fifth annual meeting of the Canadian Medical Association will be held at Ottawa on 21st, 22d and 23d inst.

There are no medical practice laws in Kansas, Utah, Connecticut, Maryland, Ohio, Maine, Rhode Island and Massachusetts.

Dr. W. D. Foster, of Kansas City, Mo., has invented a new cable carrier for use in the removal of intra-uterine growths.

Owing to the prevalence of cholera in Russia, it is officially announceed that emigrants from that country are no longer permitted to enter Germany.

The *Medical Record* "sits down real hard" on a new medical dictionary, edited by Dr. Jno. M. Keating and published by Mr. W. B. Saunders, Philadelphia.

The Summer Corps of the New York Board of Health, whose two months' service expired at the end of August, has been continued as Sanitary Inspectors and assigned to duty in the tenement house districts of the city.

It is said that a Vienna ophthalmologist has introduced a new operation, over which some of the European eye-specialists are running wild. The operation consists in the removal of the crystalline lens, for the cure of myopia. Valude reports one operation of this nature performed upon a child only six years old.

By order of the Council the annual meeting of the Southern Surgical and Gynecological Association will take place at Louisville, Ky., November 15th, 16th and 17th next instead of the 8th, 9th and 10th as previously announced. This change of dates is due to the fact that the Presidential election is held on the 8th of November.

The managers of the New York Cancer Hospital desiring to give nurses who graduate from small hospitals the advantage of a larger experience in surgical work, have established a post-graduate course of one year. Graduates in good standing may enter at any time. At the conclusion of their term of service a certificate, signed by the governors of the hospital and the attending surgeons, will be given, provided that their work has been satisfactory. Lectures by the attending staff and superintendent will be given, and each nurse will have an opportunity to witness operations, and be given a term of service in the operating-room.

It is said that an electric finger for surgical uses has recently been invented. A bulb, attached to a long probe, is attached to a finger stall. The bulb is double and the outer skin is flexible. The two layers are connected with opposite poles of the battery, and wires connect the inner layer with the finger tip. Pressure at any point closes the circuit, and the electrical current is transmitted to a corresponding point on the finger. The surgeon has thus a means of feeling and measuring things which he can neither see nor reach by ordinary means.—*Times and Register*

TYPHOID FEVER AT WINTER RESORTS.

Surgeon J. S. Billings, of the army, has recently sent a letter to the *Journal of the American Medical Association* stating that a thorough investigation has been begun concerning the cases of typhoid fever that were reported last spring at St. Augustine. There were twenty-five cases of typhoid fever among 25,000 visitors to that town during the winter season of 1891 to 1892. Fourteen patients were taken sick while yet in the town, and in eleven the fever did not develop until two or three weeks after their leaving the place. There were also four hotel servants and a nurse or two who contracted the fever. As to the three great hotels of St. Augustine, there are known to have been about thirteen cases among their patrons, out of about 16,000 visitors during the season. In these thirteen cases seven of the persons were sick while yet in town, and six did not report themselves sick until after their departure from the hotels. The number of deaths by typhoid fever, so reported to the local board of health, from the 3d to the 17th of April, 1892, was four.

Dr. Billings regards it as extremely improbable that the prevalence of the fever could have been due to anything in the construction of the hotels, in the water supply, or in the ice, milk, or food; and the detailed attention given to these matters seems to make it practically certain that no case of typhoid could have been caused by any of those agencies. He states his opinion very positively that the hotels of St. Augustine will be as safe for next winter's visitors as they ever were before. Northern invalids need not hesitate about making their plans for a visit next season to St. Augustine," with perfect confidence that, while absolute security can be had nowhere, so long as they are there they will probably be less liable to be exposed to the contagion of typhoid fever than they will be if they remain at home."

This statement of Dr. Billings is doubly important, since it shows that a thorough investigation must be made so long as his name as a sanitary sponsor is in any wise connected with the matter, and secondly, because the completed report, when made public over his signature, will probably be definitely instructive concerning some of the fever dangers that lie in wait for our popular winter resorts. There is abundant room for improvement and amplification in our knowledge of these matters.—*N. Y. Med. Jour.*

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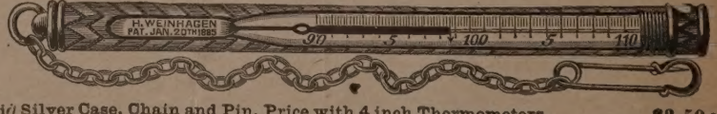

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BALTIMORE, MD., 8, November 1887. Very respectfully, ORRAY T. SHERMAN.

The Doctors Weekly

IS PUBLISHED

EVERY SATURDAY,

BY

FERDINAND KING, M. D.

EDITOR AND PROPRIETOR,

96 FULTON STREET,

P. O. Box 1209, NEW YORK, U. S. A.

To whom subscriptions, and all communications relating to any department of the paper should be addressed.

Subscription $2.00 a Year. Single Copy by Mail Ten cents, post-paid.

Entered at NEW YORK *Post Office as second class matter.*

ANNOUNCEMENT.

EARLY in October, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost

GARDNER'S SYRUP OF HYDRIODIC ACID. HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

CHOLERA IN NEW YORK CITY.

Several cases of genuine Asiatic Cholera have been officially reported in this city, but so far there has been no spread of the disease, hence there is no cause for immediate alarm. The Board of Health is thoroughly prepared for the emergency and will no doubt be able to effectually stamp out the disease in any building in which it may appear and in this way prevent an epidemic. By a liberal distribution of printed instructions among all classes as to the best methods of prevention, they have strongly fortified the city against the dreaded scourge.

AMERICAN HEALTH ASSOCIATION.

The fact that cholera is almost sure to gain a foothold in some part of this country within the next twelve months, should certainly stimulate more than usual interest in the annual meeting of the American Health Association which will be held in the city of Mexico, beginning on the 29th of November next. At this meeting steps should be taken to protect the whole of North America against the disease. and whether this be done depends very largely on the interest that the physicians of the United States take in the approaching meeting, Dr. J. B. Lindsly, of Nashville. Tenn., is devoting his time and energies to the work of stirring up an interest in the meeting, not only among physicians but leading sanitarians as well, and we trust that his efforts may not be in vain. Protection at only a few American ports does not protect; indeed, it is worse than no protection at all, as a people in fancied security are illy prepared to combat a scourge that might reach them from an unpexected or unprotected quarter.

EDITORIAL ITEMS.

THE bodies of all who die of cholera at the New York Quarantine Stations are promptly cremated. This is a radical measure but it is certainly justified by existing circumstances.

WE HAVE RECEIVED the first number of *The Associated Physicians' and Surgeons' Monthly* (N. Y.), a journal devoted to the financial interests of medical practitioners. It strikes us as a typical case of "a diarrhoea of words and a constipation of ideas." One dollar a year.

THE *Ontario Medical Journal* has just made its appearance under the editorial management of Dr. Orr. It is published at Toronto, and claims to be the official organ of the College of Physicians and Surgeons of Ontario (a society) whose transactions it will publish. The first number is neatly gotten up and presents a substantial appearance.

DR. ROBINSON promises to make it warm for Dr. W. T. Jenkins, health officer of the port of New York, because of the refusal of the latter to allow a wealthy patient of the former to be taken off a quarantined ship in a private yacht. In our opinion Dr. Jenkins simply did his duty in the matter, and no attention should be paid to Dr. Robinson's threat by the political powers that be.

SUBCUTANEOUS INJECTION OF SALT SOLUTION IN DIARRHŒAL COLLAPSE.

Demieville recommends the subcutaneous injection of sterilized salt solution in the collapse produced by acute gastroenteritis in infants. The apparatus required is simple. The salt solution used is a solution of chloride of sodium (0.6 per cent.) As the solution is rapidly cooled by passing through the tubing, it is well to employ a large reservoir, and to be sure that the solution as it leaves the needle is warm. The skin must be thoroughly disinfected, and also the needle and apparatus; the water should be boiled before use.

As to the quantity to be used, a case is related in which a child, aged four and one-half months, received about four ounces; the injections were made into the thighs, and were followed by gentle massage. The patient in the case mentioned appeared to be *in extremis* when the injections were given, but began to improve almost at once, and reaction was established in a few hours. The injection made the child cry, but did not seem to cause much suffering. The good results obtained by this method are believed to be due to the improvement produced in the circulation, especially in that of the nervous centres.

A MERE MATTER OF JUSTICE.—"But, doctor, don't you think your bill is pretty steep?"

"No, madam, considering how sick your husband was."

"But, dear me, you let him die."

"Of course I did. There's the difficulty. It hurts my professional reputation to have a patient die. I ought to have more money for a case of that kind."

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Dose.—

One-half to one fluid drachm in WATER or SYRUP every hour, until sleep is produced.

Indications.—

Sleeplessness, Nervousness, Neuralgia, Headache, Convulsions, Colic, Mania, Epilepsy, Irritability, etc. In the restlessness and delirum of fevers it is absolutely invaluable.

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Papine is the Anodyne or pain-relieving principle of Opium, the Narcotic and Convulsive Elements being eliminated. It has less tendendy to cause Nausea, Vomiting, Constipation, etc.

Indications.—

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Dose.—

ONE FLUID DRACHM—(represents the Anodyne principle of one-eight grain of Morphia.)

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Formula.—

Iodia is a Combination of active principles obtained from the Green Roots of Stillingia, Helonias, Saxifraga, Menispermum and Aromatics. Each fluid drachm also contains five grains Iod. Potas., and three grains Phos. Iron.

Dose.—

One or two fluid drachms (more or less as indicated) three times a day, before meals.

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PRESCRIPTIONS.

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Dr. J.V. Shoemaker, Philadelphia, (*Med. Bulletin*) recommends the following :

℞. Balsam. Peru, ʒ ss.
Beta-naphthol, ʒ j.
Lanolin, ʒ vj.
Adipis benzoinat, ʒ ij,
M. ft. ungt.
For dandruff.

℞. Tr. cinchon. co, f ℥ j.
Tr. benzoin. co, f ℥ ij.
Gylcerin, f ʒ j.
Sp. odorat,
Aquæ, aa f ℥ ij.
M. For dandruff.

℞. Potass. carb, ʒ j.
Aq. ammon, f ʒ vj.
Tr. cantharid, f ʒ iiss.
Ol. myrist, gtt. xii.
Sp. odorat, q. s. ad O ss.
M. ft. sol.
For dandruff.

℞. Hydrarg. chlor. corros, gr. xv.
Glycerini, f ʒ ij.
Sp. myrciæ, f ℥ iv.
Ol geranii, *m* xvj.
Aquæ, q. s. ad O ss.
M. ft. sol.
For general thinning and loss of hair.

℞. Salol, ʒ ss
Acid. tannic, ʒ j.
Balsam. Peru, ℥ ss.
Lanolin, ℥ ss.
Adip. benzoinat, ʒ i
M. ft. ungt.
For dandruff.

℞. Acid. borici, ʒ ss.
Hydrarg. chlor. corros, gr. xx.
Glycerini,
Aquæ, aa f ℥ iv.
M. ft. sol.
For loss of hair.

℞. Acid. borici, ʒ ij.
Gylcerini, ℥ ij.
Sp. vini gall. ℥ iv,
M. For general thinning and loss of hair.

PIL. CATHARTICÆ VEGETABILES.—Vegetable Catharic Pills.

℞ Ext. colocynth. comp., gr. xxiv.
Res. podophylli, gr. vj.
Ext. leptandræ, gr. vj.
Extract. jalapæ, gr. xij.
Ext. gentianæ, gr. xij.
Ext. hyoscyami, gr. xij.
Olei menthæ piper., *m* iij.
M. Divide into 24 pills.

NEW YORK HOSPITALS FORMULARY.

PIL. CONTRA SUDOREM. (Bell. Hosp.) "Anti-Sweat Pill."

℞ Zinci oxidi, gr. ij.
Ext. Belladonnæ alcohol., gr ⅛
Ext. hyoscyami, gr. ss.
Mix. One pill.

Note.—The oxide of zinc may be increased to 5 grains, the ext. of belladonna to ¼th grain., and the ext. of hyoscyamus to 1 grain.

PIL. CUPRI ET MORPHINÆ. (Char. Hosp.)

℞ Cupri sulphatis,
Morphinæ sulphatis, aa gr. j.
Picis liquidæ, gr. x.
Iodoformi, gr. v.
Pilulæ scillæ comp., gr. xxx.
Mix. Divide into 10 pills. One to be taken night and morning. To moderate expectoration in phthsis or bronchial catarrah.—*Dr. J. Blake White.*

PIL. DUPLICES. (Char. Hosp.) Duplex Pill. Pil. Duo."—

℞ Massæ hydrargyri, gr. ij.
Ferri sulphat. exsicc., gr. j.
Mix. One pill.

PIL. DOVERI.—

℞ Pulv. ipecac. et opii, gr. x.
Ext. gentianæ, q. s.
Mix. Divide into 3 pills.

Note.—These pills can be furnished, ready-made by the General Drug Department.

PIL. FERRI. QUININÆ ET STRYCHNINÆ (Bell. Hosp.)—

℞ Quininæ sulphatis,
Ferri reducti, aa gr. xl.
Strychninæ acetatis., gr. ss.
Ext. gentinæ, q. s.
Mix. Divide into 24 pills.

PIL. GLONOINI.—Pills of Glonoin (or Nitro-Glycerin.)—

℞ Spir. glonoini (N. F.),
Althæa pulv., aa gr. cc.
Confect, rosæ, q. s.

Mix the spirit of glonoin intimately with the powdered althæa, and expose the mass to the air until the alcohol has evaporated. Then make a pill-mass by by means of the confection of rose, and divide into 200 pills.

Each pill represents $\frac{1}{100}$ grain of nitroglycerin.

PIL. HYDRAGOGÆ.—Heim's Hydrogogue Pills.—

℞ Gambogiæ,
Digitalis pulv.,
Scillæ pulv.,
Antimon. sulphurati, aa gr. xlv.
Ext. taraxaci, q. s.
Mix. Divide into 125 pills.

PIL. HYOSCYAMI, CAMPHORÆ ET MORPHINÆ.—

℞ Ext. hyoscyami, gr. xl.
Camphoræ, gr. xxiv.
Morphinæ sulphatis, gr. vj.
Mix. Divide into 24 pills.

PIL. DIGITALIS COMPOSITÆ—Heims' Pill.

℞ Quininæ sulphatis, gr. xx.
Digitalis pulv., gr. x.
Ipecacuanhæ pulv., gr. v.
Opii pulv., gr. v.
Ext. gentianæ, q. s.
Mix. Divide into 20 pills.

PIL. FERRI CARBONATIS.—Blaud's (or Ferruginous) Pills.

℞ Ferri sulphatis, gr. ccxl.
Potassii carbonatis, gr. cxl.
Sacchari, gr. xlviij.
Tragacanthæ pulv., gr. xvj.
Glycerini, *m* x.
Aquæ, q. s.
Mix. (See Nat. Form.) Divide into 96 pills.

"MOOSE-PAPPE" AS A SURGICAL DRESSING.

Moose-pappe as an absorbent asceptic dressing, says Dr. C. C Campbell, of Saddleworth, England, is not as well known as its merits deserve. Moose-pappe (sphagnum, or turf-moss) has great absorbent powers, taking up twenty times its original weight. When placed in contact with a liquid, moose-pappe seizes the liquid ; its bulk becomes rapidly and enormously increased. The absorbed liquid does not lie on the surface or between the fibres, but is shut up within the capillary cells of the moss. Thus, though it is full of liquid, it does not feel wet, and, though it may be full of pus, it appears clean. Where with an ordinary absorbent daily dressings are required, the busy practitioner may safely leave his moose-pappe dressing two or even three days untouched, and will find, when he removes it, not a stink and a gush up of sealed up pus, but a clean wound and no smell.

As a dry dressing the moose-pappe of Dr. Rodolphi is perhaps the most convenient. It can be rapidly crumbled on thin gauze (which is then loosely folded over it) Moose-pappe (Hagedorn), prepared in this way, makes a beautiful soft, dry dressing for amputations or large wounds. As a moist compress for ulcerating surfaces, moose-pappe (Hagedorn), lightly dipped in boracic or other antiseptic fluid, makes an ideal dressing, while, as a padding for splints, particular in cases of compound fracture, or fracture complicated with flesh wounds, moose-pappe will be found the most satisfactory.—*The Medical Chronical.*

Patient—Ouch ! Murder ! Fire ! I thought you said you were a painless dentist !"

Dentist—Well, so I am. Do you observe any extraordinary facial contractions that would lead to the belief that I am in pain ?—

It is needless to recapitulate all th various cases to which this ideal form of nutrition has been given. Suffice it to say that, in my judgment, the ALE AND BEEF, "PEPTONIZED," is all that is claimed for it, and that it furnishes mild stimulation along with nutrition in a manner to be acceptable to the most delicate stomach and agreeable to the most fastidious palate, at a time when the mouth and palate are more than weary of the various forms of slop which are presented in the average sick-room. The ALE AND BEEF, "PEPTONIZED," which is agreeable and tangible, becomes a very oasis in the "Sahara of sameness" of the lives of the weary victims of ill-health.—*Extract from Editorial by Dr. I. N. Love in The Medical Mirror.*

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DEFINITE CHEMICAL PRODUCTS.

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Medecine de Paris*, iv, 2, 1892. p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of otorrhea. In cases of coexisting in flammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half ounce each of distilled water and alcohol. In case

CHLORALAMID.—Dr. E. Mansel Sympson (*Practitioner*, vol. xlvii, p. 274) presents the results of his experience. While praising paraldehyde, he believes sulfonal and chloralamid to be more convenient and agreeable to the patient. He recommends chloralamid for the insomnia and delirium of acute fevers, delirium tremens, nervous insomnia (dose 30 to 40 grains). Sulfonal is more powerful in mental disease, but chloralamid is better than paraldehyde in lung disease. It does not produce a necessity for larger doses, but a habit to go to sleep without it.—*Amer. Journal of Medical Sciences.*

PIPERAZIN.—Drs. Biesenthal and Albr. Schmidt, (*Berliner klinische Wochenschrift*, 1892, No. 2, p. 28) conclude from clinical observations that it is more valuable than any known remedy to dissolve uric acid and its concrements; being slightly absorbed from the stomach, it reaches the substance to be dissolved practically unchanged; it is best given in dilute solution—in soda water—15 grains daily. Its taste is not unpleasant; in proportions of 1 to 500 parts of soda water it is not detected. It does not irritate mucous membranes. Its easy solubility permits subcutaneous injection into tophi A 1 or 2 per cent. solution in 1 part of spirit and 4 of water, used as a Priessnitz's compress, is valuable for gouty swellings. It acts not only upon uric acid, but also upon phosphatic and oxalic acid calculi. —*Am. Journ. Med. Sci.*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York. *

THERAPEUTIC NOTES.

THE value of Glycozone as a remedy in gastritis, indigestion and other derangements of the stomach, is unquestioned.

METHYLENE BLUE, when taken internally, has the property of imparting a green color to the urine. A French physician proposes to take advantage of this in order to ascertain whether patients take the medicine prescribed for them. About seven grains of the blue may be administered with the medicine without producing any injurious effects.

CALCIUM SALICYLATE is used alone or with bismuth salicylate as a remedy for diarrhœa and gastro-enteritis. It is a white, odorless and tasteless crystalline powder, soluble in cold water 1 in 2000 readily soluble by means of carbonated water or by dilute acids. Dose, 0.5–1.5 grams.

CHLORAL CAMPHOR can be easily prepared as a perfectly clear solution says Rucker (*Zeit. des Oest. Apoth. Ver.*) by crushing the camphor to the size of a pea, placing in a tall cylindrical glass and adding on top of the camphor an equal quantity of chloral hydrate. Allow to stand for from 12 to 21 hours without agitation, when a perfect solution will have resulted.

THE University of Munich has created a new degree—Doctor of Pharmacy—which will be granted after a course of seven semesters and examination in one principal subject, chemistry or botany, and in three secondary subjets, namely mineralogy, physics, and zoology. An inaugural dissertation must also be presented.

DR. LEOPOLD CASPER (*Therap Monats.*, May, 1890.) uses elastic bougies filled with mercury, which he thinks have decided advantages over both metalic and ordinary gum bougies. The weight of the mercury causes them to slip into the bladder with great ease, and they possess all the safety of the unweighted elastic bougies.

THE COMPOSITION OF CARLSBAD SALTS.—According to Kubel (*Arch. and Chem. News*), this salt should consist of crystallized sodium sulphate, 55.556 per cent; potassium sulphate, 1.11; sodium chloride, 10; sodium hydrogen carbonate, 33.33 per cent. The specific gravity of a solution of 25 grams of the anhydrous salt in 200 c.c. of water, or of 45 grams of the hydrated salt in 200 c.c. of water, should be 1.1037 at 15° C.

FOR THE PREVENTION OF SEA-SICKNESS.—Prof. Chartiris calls the attention of the medical profession to a combination which he calls "chlorobron," containing to each dose thirty grains of chloralamide, the same of potassium bromide, in an ounce of menstruum. The patient is recommended to move the bowels before starting, and before getting into rough water take the mixture; sound sleep occurs, and when he awakes he is all right for the rest of the voyage. At the least, this has been the experience of those who have used the remedy. Prof. Chartiris says:

"1. This solution is absolutely safe and harmless, and produces refreshing sleep without any baneful after-effects.

"2. When judiciously administered it prevents, and in all cases alleviates, sea-sickness. The effects of the drug may be expected to begin in from thirty to ninety minutes after dosage; and the duration of sleep thus induced will be from five to eight hours. The quality of sleep is said to be refreshing, natural and devoid of disagreeable sequels in nearly all cases."

C. P. CREASOTE FOR TUBERCULOSIS.—Sommerbrodt (*Berliner klin. Woch.*, October 19, 1891) reaffirms his faith in creasote both for incipient and for advanced cases of tuberculosis, pulmonary as well as laryngeal. Complete and permanent recovery is by no means uncommon even in persons in whom a tuberculous predisposition existed. Large doses (*m*xv—3j *per diem*) are most beneficial. Indeed, the more the patient can tolerate the greater the benefit derived. Sommerbrodt administers creasote in the form of capsules, each containing about *m*ii of creasote with a little cod liver oil or olive oil. There are very few persons with whom the drug disagrees, and in no case has he seen any harm done by its administration.—*British Med. Journal.*

A SEVERE TEST.—August is a severe test to business; for many people are usually not inclined to reading in hot weather, and the greater part of the August we have just passed through will be long remembered for unusual heat, But people will get sick in hot weather and doctors must attend them. But the doctor is human and he knows that Metcalf's Coca Wine will on his prescription prove a specific for many of the after results of August heat and vacation fatigue.

Mr. Noopop—Doctor, is insomnia contagious? Doctor—Certainly not, sir. What made you ask? Mr. N.—Because I notice that when baby is troubled with insomnia, my wife and I invariably catch it too.

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Oxide of Iron	0.310 "
Chloride of Sodium	1.000 "
Sulphate of Soda and Potash	0.310 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.230 "
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All of the above minerals and five of them in the exact form in which they are here given, are found in the human blood of which they form a most essential element. These constituents explain its great value in the prevention and cure of disease.

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A NERVE TONIC.—Gentlemen: In regard to the cholera scare it may be well to put prominently before he profession the value of Metcalf's Coca Wine as a sustainer of the nervous system in all cases of strain caused by fright, deprivation of food or sleep, and very long continued exertion.

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To Theodore Metcalf & Co., Boston.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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THE PREPARATION AND APPLICATION OF DISINFECTANTS.

The following circular is being distributed to the public by the Health Board of New York:

1. Roll sulphur (brimstone) for fumigation.

2. Copperas Solution.—This solution is made by dissolving copperas (sulphate of iron) in water in the proportion of one and a half pound to the gallon, and is used for disinfecting cellars, drains, sewers, areas, alleys, etc.

3. Zinc Solution.—This solution is made by dissolving four ounces of sulphate of zinc (white vitriol) and two ounces of common salt together in one gallon of water, and is used for disinfecting clothing, bed linen, etc.

4. Corrosive Sublimate Solution.—This solution is made by dissolving eight grains of corrosive sublimate (bichloride of mercury) in a pint of water, and is used for disinfecting the discharges from persons sick with cholera and other diseases. As this solution is a dangerous poison, it should be prepared and used under the direction of a physician or chemist.

5. Chloride of Lime Solution.—Dissolve chloride of lime of the best quality in soft water, in the proportion of four ounces to the gallon. Use one pint of this solution for the disinfection of each discharge in cholera and typhoid fever. Leave the disinfectant in the vessel for at least fifteen minutes before throwing it into the vault or closet.

6. Premises.—Cellars, yards, stables, gutters, cesspools, closets, drains, sewers, etc., should be frequently and liberally treated with copperas solution. The copperas solution is easily prepared by hanging a basket or bag containing about sixty pounds of copperas in a barrel of water.

7. In the Sick-room.—The most available agents are fresh air and cleanliness. The clothing, towels, bed-linen, etc., should, on removal from the patient and before they are taken away, be placed in a pail or tub of the zinc solution, boiling hot, if possible.

All discharges should either be received in vessels containing corrosive sublimate or chloride of lime solution, or, when this is impracticable, should be immediately covered with such solution. All vessels used about the patient should be cleansed with the same solution. Unnecessary furniture, especially that which is stuffed, carpets, and hangings, should, when possible, be removed from the room at the outset; otherwise they should remain for subsequent fumigation and treatment.

8. Fumigation with sulphur is the most practicable method for disinfecting the house. For this purpose, the rooms to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc solution should be opened and exposed during fumigation, as directed below. Close the rooms as tightly as possible, place the sulphur in iron pans supported upon bricks placed in washtubs containing a little water, set it on fire by hot coals or with the aid of a spoonful of alcohol, and allow the room to remain closed for twenty-four hours. For a room about ten feet square, at least two pounds of sulphur should be used; for larger rooms, proportionally increased quantities.

9. Body and Bedclothing, etc.—It is best to burn all articles which have been in contact with persons sick with contagious or infectious diseases. Articles too valuable to be destroyed should be treated as follows: Cotton, linen, flannels, blankets, etc., should be treated with the boiling-hot zinc solution.

ARTIFICIAL CHOREA.

M. Chares Richet, the well-known French physiologist, has succeeded in inducing chorea in a dog by injecting the blood of an animal suffering from this motory disturbance. The injections were followed by general atrophy, by trophic lesions of the skin in various parts of the body, and by rhythmical convulsions of the limbs, continuing during sleep and yielding only to large doses of chloral. It cannot truthfully be said that the experiment adds much to our knowledge of the ætiology or even the pathology of this affection. Apart from the fact that a single experiment proves nothing, there are too many alternative explanations of the phenomena observed.—*Med. Press.*

Weekly report of health of New York City, week ending, September 3, 1892: Marriages reported, 291; births reported, 930; deaths reported, 718; still-births reported, 64.

Dysmenorrhœa

AND ITS ALLEVIATION.

OVARIAN. SPASMODIC. INTERMENSTRUAL. NEURALGIC. MEMBRANOUS. TUBAL.

The prominent symptom in all cases of dysmenorrhœa, is the severe pain which demands relief, and which in nearly every instance, is mitigated by the use of whiskey or morphia, both of which are very injurious. A succedaneum for whiskey and morphia is a great desideratum, and this we find in ANTIKAMNIA (opposed to pain). Samples in powder and tablet form, sent free on application.

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For regulating and relieving painful or difficult menstruation.

Referring to his clinical results, Dr. Grumbine says:—

In two obstinate cases of Dysmenorrhœa, Apioline gave most favorable results, it not only eased the pain but increased the flow.

A case of Amenorrhœa in which I have tried it is epecially worth noting.

"Although the patient had always been regular, there was no flow, only a drop or two appeared at each menstrual period, and as she expressed it, simply notified her that she had menstruated."

"I prescribed the Apioline capsules, one three times a day, three days before her expected period, she had taken but six capsules when she menstruated, she said she passed at least six tablespoonsful of blood, and it lasted two days, and she had not passed as much blood as that for five years. I advised her to continue the capsules for two days."

"I am very well pleased with the preparation, and shall continue to prescribe it, as often as I have cases demanding the same." May 19, 1892.

CINCINNATI.

Apioline-Chapoteaut administered in spherical capsules of 20 centigrammes each, has proved to be a true stimulent to the uterine system, relieving the pain in spasmodic or congestive dysmenorrhœa, and where, ever principal reliance may be placed on equalizing the circulation and increasing the power of the ovarian nisus.

In prescribing, care should be taken to write the word Apioline in full.

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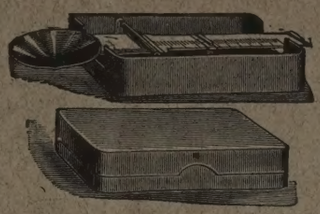

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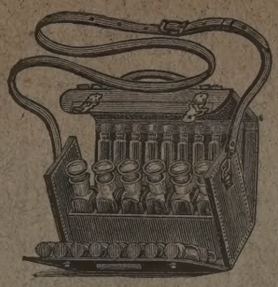

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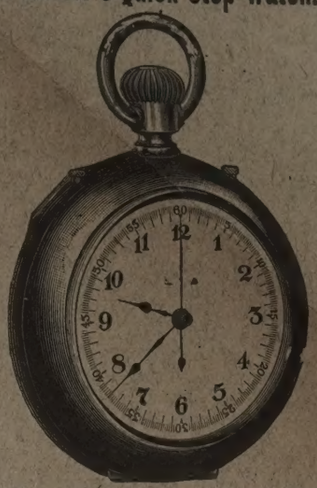

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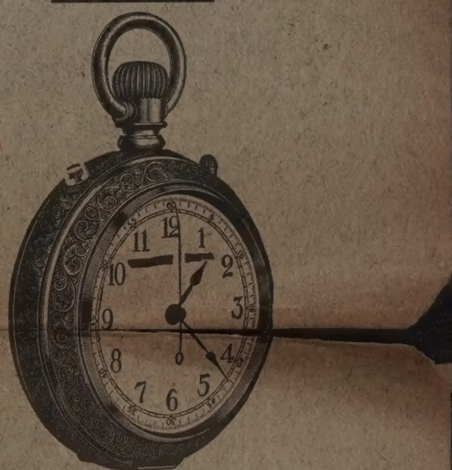

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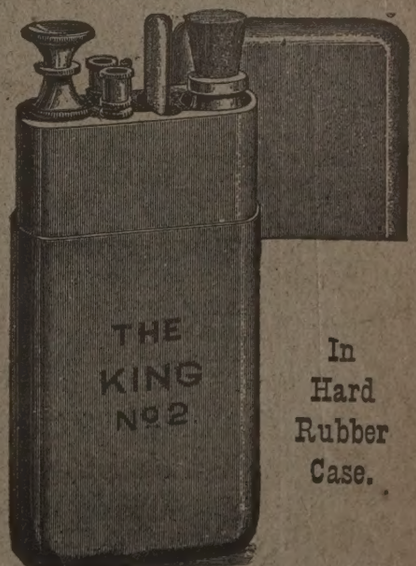

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